

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections

Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

549004

Study Area Code (SAC)

143028079

Service Provider Identification Number (SPIN)

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for *each* SAC through which it provides Lifeline service).

2016

Recertification Year

California

State

AT&T Corp.

ETC Name

N/A

DBA, Marketing or Other Branding Name

(If same as ETC name, list "N/A" Do not leave blank)

AT&T Inc.

Holding Company Name

(If same as ETC name, list "N/A" Do not leave blank)

Does the reporting company have affiliated ETCs?

Yes ☒

No ☐

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name
See page 4	See page 4

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial 

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	B	C	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year <i>(February data month)</i>	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year <i>(These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)</i>	Number of subscribers de-enrolled prior to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
1,681	0	16	279	1,386

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non-responding subscribers	Number of subscribers responding that they are no longer eligible <i>(This should be a subset of Block G.)</i>	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
1,596	209

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial _____

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: California Third-party Administrator Xerox. Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial [Signature]

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial _____

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$M = (F+K)$	$N = (J+L)$	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
1,596	209	13.10

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes ☐ No ☒

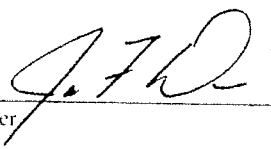
If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,



Signature of Officer
jd6398@att.com

Email Address of Officer

Ronald L. Hilyer

Person Completing This Certification Form

James F. Dionne, AVP Accounting

Printed Name and Title of Officer

January 30, 2017

Date

770-810-0853

Contact Phone Number

Affiliated ETCs

SAC	Name
545170	PACIFIC BELL TELEPHONE COMPANY
639005	AT&T MOBILITY PUERTO RICO, INC.
259908	AT&T MOBILITY, LLC
399015	AT&T MOBILITY, LLC
529910	AT&T MOBILITY, LLC
539010	AT&T MOBILITY, LLC
215191	BELLSOUTH TELECOMMUNICATIONS, LLC
225192	BELLSOUTH TELECOMMUNICATIONS, LLC
235193	BELLSOUTH TELECOMMUNICATIONS, LLC
245194	BELLSOUTH TELECOMMUNICATIONS, LLC
255181	BELLSOUTH TELECOMMUNICATIONS, LLC
265182	BELLSOUTH TELECOMMUNICATIONS, LLC
275183	BELLSOUTH TELECOMMUNICATIONS, LLC
285184	BELLSOUTH TELECOMMUNICATIONS, LLC
295185	BELLSOUTH TELECOMMUNICATIONS, LLC
345070	ILLINOIS BELL TELEPHONE COMPANY
325080	INDIANA BELL TELEPHONE COMPANY, INC.
315090	MICHIGAN BELL TELEPHONE COMPANY
555173	NEVADA BELL TELEPHONE COMPANY
209012	NEW CINGULAR WIRELESS PCS, LLC
269905	NEW CINGULAR WIRELESS PCS, LLC
279010	NEW CINGULAR WIRELESS PCS, LLC
289912	NEW CINGULAR WIRELESS PCS, LLC
319026	NEW CINGULAR WIRELESS PCS, LLC
389015	NEW CINGULAR WIRELESS PCS, LLC
409004	NEW CINGULAR WIRELESS PCS, LLC
449022	NEW CINGULAR WIRELESS PCS, LLC
479006	NEW CINGULAR WIRELESS PCS, LLC
619004	NEW CINGULAR WIRELESS PCS, LLC
405211	SOUTHWESTERN BELL TELEPHONE COMPANY
415214	SOUTHWESTERN BELL TELEPHONE COMPANY
425213	SOUTHWESTERN BELL TELEPHONE COMPANY
435215	SOUTHWESTERN BELL TELEPHONE COMPANY
445216	SOUTHWESTERN BELL TELEPHONE COMPANY
305150	THE OHIO BELL TELEPHONE COMPANY
335220	WISCONSIN BELL, INC.

Annual Lifeline Eligible Telecommunications Carrier Certification Form Addendum to Form 555
AT&T Corp

The California Public Utilities Commission Lifeline Administrator has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program for all of the following:

- Income
- Medicaid/Medi-Cal
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance or Section 8
- CalFresh, Food Stamps or Supplemental Nutrition Assistance Program (SNAP)
- Women, Infants and Children Program (WIC)
- National School Lunch Program (NSL)
- Temporary Assistance for Needy Families (TANF)
 1. California Work Opportunity and Responsibility to Kids (CalWORKs)
 2. Stanislaus County Work Opportunity and Responsibility to Kids (StanWORKs)
 3. Welfare-to-Work (WTW)
 4. Greater Avenues for Independence (GAIN)
- Tribal TANF
- Bureau of Indian Affairs General Assistance
- Head Start Income Eligible (Tribal Only)
- Food Distribution Program on Indian Reservations